

THE MEDICAL AND SURGICAL REPORTER.

No. 940.]

PHILADELPHIA, MARCH 6, 1875.

[Vol. XXXII.—No. 10

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE ELUCIDATION OF SOME POINTS IN AURAL SURGERY.

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In reviewing the subject of aural surgery, as rationally practiced, when contrasted with the stereotyped course of treatment as followed by physicians, many interesting deductions may be drawn. The armamentarium of a general practitioner, as regards aural surgery, is marvelously condensed. To the profession at large, there are but three classes of aural troubles. The first, and that which they consider by far the most important, is deafness from wax impaction. This accumulation is recognized by them as the common cause of deafness, and is to be removed by warm oil or glycerine to the ear, followed by syringing. The second variety of deafness is inflammatory in character, to be treated by syringing with warm soap suds, if there be any discharge from the ear, and by blisters behind the ear, if there be no discharge. The third variety of deafness is nerve deafness, for the relief of which an ear trumpet is recommended. This embodiment of aural surgery is within the grasp of any physician who will content himself with this knowledge of the hearing organ in a diseased condition.

When we examine into the pathology and treatment of the ear, we not only find much to

learn, but also very much to unlearn. The very first point to be noted is, that deafness is not commonly produced by wax accumulation. On the contrary, we do not find one case of deafness, from this cause, out of ten. The presence or absence of wax in the ear is not so essential a symptom of aural trouble as many, both in and out of the profession, suppose. There may be good hearing with scarcely a trace of wax in the ear; and on the other hand, a person may be very deaf, with the wax secretion in every respect normal. Moreover, deafness is not brought about, as so many suppose, because wax is not secreted.

There are cases, however, in which the filling up of the external aural passage with wax is undoubtedly the cause of deafness. In such cases, although the accumulation has required months to collect, the external aural tube has been so slowly encroached upon, as to still leave a passage open to the drum membrane. However narrow this passage may be, it is sufficient to allow atmospheric vibrations to reach the drum membrane, and, therefore, good hearing continues. More or less suddenly, possibly from some jolting, or perhaps from some attempt at cleaning out the ear with the tip of the little finger, the displacement of a portion of the wax contents closes up the remaining crevice, and deafness suddenly ensues, accompanied with more or less noise in the head, and sometimes with pain. Should one ear remain clear, and no special annoyance be occasioned, the patient often puts up with the inconvenience, and allows months or even years to elapse, before he

seeks professional aid. In the meantime, the wax has undergone condensation and impaction, and has become of nearly stony hardness.

Under these conditions, when a physician is consulted, he suspects the presence of wax, and advises the usual formula of glycerine in the ear, to be followed by the syringe, with warm soap suds, recommending the purchase of a small glass syringe for the purpose. Should there be pain in the ear, with buzzing, these symptoms are looked upon as evidences of inflammation, as no physician would associate pain with wax pressure. To combat this supposed inflammatory attack, hot poultices or fomentations are applied to the ear and face, a blister is put over the mastoid process, and a dose of salts or a calomel purge is administered. This course of empirical practice for the relief of a wax impaction seems very judicious, and would be so considered by the very physician who prescribed it. It is only a few days since that a patient, having undergone the treatment as above described, at the hands of one of our leading physicians, applied at the Baltimore Eye and Ear Institute for relief, in a case of wax impaction. The physician who had had this patient under professional care would have been deeply mortified had he been informed that the above had been his treatment for the removal of a wax plug. The error in diagnosis was occasioned by the fact that this clever physician had not examined the ear.

There is not one physician in one hundred who knows how to look into an ear, and what he should see when he looks there. Very few practitioners seem to remember that the external ear passage is a crooked one, and that the bottom of the ear tube cannot be seen, even with a strong light, unless the crooked passage be made straight by pulling the ear upward, backward and outward.

In former times, when surgery was taught in the best medical schools of the country by one professor, during the few months in which he was expected to teach his class surgery, he considered it waste of time to study the common defects of the eye and ear, when such great operations as the ligation of the iliac or the cutting for stone had to be understood. Much time was absorbed in explaining operations which the young practitioner would, probably, never elsewhere see, while the every day items in surgical practice were ignored. As a professor of surgery, I, myself, fell into the error, and I

know that it is universally done to-day by those who engross all surgical teaching under one professional chair. Fortunately for suffering humanity a decided change has taken place, through the study and practice of specialties. The establishment of professorships for these specialties, in many of the medical schools of the country, will prepare the younger members of the profession for a proper appreciation of some of the common troubles which affect the individual organs of our bodies.

It is so very common to prescribe for internal troubles by symptoms, in cases where an inspection of the organ is impossible, that physicians, from habit, forget that the external aural passage can be explored under the eye, and that the various causes of deafness connected with this passage are of easy diagnosis.

In looking into the ear, nine physicians out of ten see the skin lining the posterior wall of the meatus, about half way down the passage, and call this clear skin the drum membrane. From this point, inward, for the space of one-half to three-fourths of an inch, the passage may be thoroughly obstructed with a wax plug which would not be seen. When this is overlooked, for want of a proper knowledge of how to look into the ear, the deafness, with pain and buzzing in the ear is attributed to inflammation, and hence the curious treatment based upon the defective examination and diagnosis. Moreover, even when the aural passage is straightened by pulling the prima upward, backward and outward, the wax plug, although clearly in view, is not recognized. Most persons are under the impression that old ear wax should be dark brown in color, and so it is, but it does not always present this dark appearance upon the exposed surface.

A wax plug from the ear is not the homogeneous substance that beeswax seems to be. The bulk of a wax plug consists of epithelial exfoliation from the dermic surface of the ear passage, incorporated with the ceruminous excretion. Should an old, hard, black wax plug be left for a few hours in a cup of water, the mass gradually disintegrates. The ceruminous excretion will be dissolved in the water, rendering the fluid very muddy. The material composing the bulk of the wax plug being set free through the solution of the glutinous element of the mass, will be found at the bottom of the vessel, in the shape of ribbons of corrugated epidermic exfoliation, which ribbons accurately

measure, both in length and width, the ceruminous secreting surface of the external meatus. Many of these ribbons of exfoliated epithelium may be found compressed in one wax plug. As they lie edgewise in the plug they exhibit their whitish edge on the free surface of the impacted mass. This whitish appearance of the wax plug deceives those who expect to find a black surface at the bottom of the ear. Often, even the initiated would mistake this whitish appearance for the drum membrane in a state of disease, especially when the examining light is defective, were they not familiar with the depth of the aural passage, and the appreciation of the fact that this fictitious bottom of the meatus was too superficially placed.

Deafness from wax accumulation is most frequently found in adults; with them the advice of the physician to relieve themselves by the use of the syringe is an impossibility. I acknowledge that a suitable syringe with warm water is the only instrument that ought to be used for the removal of any foreign body from the human ear, including wax plugs, however hard and impacted they may be. When this instrument is judiciously used, the ejection of the foreign body is only a question of time and perseverance, as no foreign body can remain in an ear into which a stream of water is persistently thrown. The stream of water does not dissolve the wax plug, but some drops of the water will eventually worm their way between the lateral surface of the plug and the walls of the passage, however tightly the wax may be impacted. Once a channel is made for these drops, they will continue to be driven through it, until, collecting in sufficient quantity between the plug and the external face of the drum membrane, the impacted mass will be lifted out by this hydraulic force from behind, although the streams of water seem to strike so forcibly its outer surface.

In treating cases of wax deafness, after throwing into the ear many syringefuls of hot water, and having the water run out as clean as when it left the syringe, I have often imagined myself deceived in the diagnosis. Another inspection of the ear, with a good light, would show me the wax plug, and I would resume my labors. Forty, sixty, one hundred large syringefuls would be thrown into the ear before the mass would commence to move, and the very next syringeful of warm water ejects the wax plug into the basin. Had my perseverance given

way at the ninty-eighth syringeful, I would have failed in my efforts at relieving my patient.

No patient can follow out the physician's advice, and remove an impacted wax plug by using the syringe.

No person, unless specially instructed, can do this for another.

No one, except those who have the positive knowledge that the wax plug is in the ear, and will be removed by the syringe, will have perseverance enough to continue to inject warm water into the ear until the wax plug comes out.

No one, not even the skilled aural surgeon, can remove a wax plug by means of a small glass syringe, and yet physicians recommend these to their aural patients.

The physician himself should inject an ear for the removal of wax or other foreign bodies.

In cleansing the ear, one hand must be used in pulling the ear upward, backward, and outward, so as to straighten the aural canal. The fluid injected cannot otherwise follow the axis of the passage, and therefore cannot remove any foreign body, such as wax, pus, etc., collected at its inner extremity. When the ear is not drawn backward the stream of water injected into the ear passage strikes the posterior wall, about half way down, and rebounds out of the ear without having approached, by half an inch, the bottom of the passage. From this, the usual method of syringing the ear, the front half is cleansed, while the inner half remains foul, regardless of the number of times the syringe has been used.

In working the small glass syringe one hand must steady the instrument, while the other hand pushes the piston. The surgeon has but one hand to spare to do this double duty, which, of course, is quite impossible. A proper ear syringe must be worked with one hand only. By far the most conveniently managed of such instruments is the small rubber bag syringe, having no piston to get out of order.

These suggestions, which embody the everyday experience of aural surgeons, are received very slowly by the profession at large, who have not a sufficient number of ear cases to induce them to read books on the diseases of the ear and their treatment; hence they continue in the bad but accustomed way of advising a useless instrument, the small glass syringe, to their aural patients.

EPIDEMIC BILIOUS REMITTENT.

BY DR. J. H. MEARS,
Of Monterey, Mexico.

The population of this city consists of some thirty-five thousand inhabitants; it is one of the healthiest locations of this State, surrounded by high mountains and lands, is free from marsh miasmata, and has always been free from epidemics, except the initiation of cholera during the year 1849, which was very severe, the disease proving very fatal and disastrous in our whole State.

The disease I am about to describe commenced on the first days of the month of August, and continued until the first of December. The first case I was called to see was a child, about three years old; from the apparent symptoms, I diagnosed remittent fever. The same day I was called to see three more cases in an adjoining house, who had been treated by other Mexican confreres; I then discovered that I had a different disease to contend with from what I had expected. The disease, from the time it made its appearance, continued to spread throughout our whole population, without distinction of sex or persons, the natives of the country being as liable to it as strangers; medical men and attendants on the sick were the first to take it. The symptoms in every case were identical, differing only in intensity; the earliest indication of the disease consisted in a painful affection of some of the joints, the wrists, ankle, knee, toes, and fingers, with a dull headache; it developed itself gradually, during a space varying from eight to twelve hours, during which time the pulse was full, but not accelerated beyond its natural standard, in some cases it being less frequent. After these local pains had continued for a greater or less time, fever was ushered in, with its usual concomitants; in some cases it commenced with a rigor, probably one-half of the cases; with intense headache; the eyes red; pulse full and abrupt, and in most cases frequent, and in some few cases below the natural standard; the skin was hot and dry, and in some cases injected, and in others it assumed a deep yellow, but in many was unnaturally flushed. The patients complained of acute pains in the back and loins, and of restlessness, amounting in some to jactitation; the tongue invariably dry and covered with a yellow coat; the edges and extremities were red, mouth dry, accompanied with a disagreeable bitter taste; the epigastrium was

painful on pressure; nausea existed in every case, and vomiting generally prevailed; the bowels invariably costive for several days previous to the disease making its appearance; urine suppressed and high colored; thirst intense; in every instance complete anorexia existed; dark flocculi were occasionally expectorated; blood drawn away by leeches was extremely offensive to the smell. Plethoric subjects suffered intensely from headache, great determination to the head, giving rise to delirium, and in other cases to giddiness, blindness, etc., whenever the patient attempted to assume the erect position; in these the conjunctivæ were deeply injected. Other patients suffered more from pains in the back and loins, and restlessness; and in all cases the patient was low-spirited, impatient, fretful, and at night restless, and experienced a disgust for everything around him.

The first exacerbation of fever generally lasted thirty-six hours; it hardly continued over twenty-four hours before the skin, from being burning hot and dry, became relaxed, and abundant perspiration established, glutinous to the touch and offensive to the smell; after which, if the proper remedies were administered in time, the patient began to show a convalescence; otherwise a deceptive interval continued for a few hours, when the skin, from being relaxed and moist, would suddenly become burning hot, and a second febrile excitement would set in, irregular in its duration, and accompanied with the same pains, generally more acute.

As to the remedial agents used, they were, with few exceptions, the same in every case. In plethoric subjects, where there was much fullness of pulse, determination to the head, etc., I invariably used leeches until the patient became faint, after which I ordered him to keep his feet in hot mustard baths. This relieved the headache instantaneously, and in many instances the patient expressed a desire to get out of bed; the pulse became soft and the skin moist; the relief, for a few hours, was invariably complete, after which the same symptoms returned, but in no instance so severe. My attention was next directed to relieve the constipation, which existed, as I observed before, in every case. From the beginning of the epidemic I noticed that it required powerful purgatives to relieve the torpidity of the bowels; and in the case of the child I first saw, after trying every purgative I could think of, I had to administer one drop of Croton oil, which alone

had the desired effect. After thoroughly evacuating the bowels, I ordered the following pills to be taken every two hours, in adults.

R. Pil. hydr. grs. xxx
Ext. rhei. grs. xij. M.

Pil. No. iv.

Three hours after I ordered the following draught:—

R. Mag. sulph. ℥iiss
Inf. fol. sennæ. ℥iv
Tinct. rhei. ℥ij. M.

with warm drinks, such as orange tea, cider, etc. In most cases these remedies procured ten or twelve copious bilious evacuations, aided by enemas of warm water and castor oil, and when the fever abated, I ordered

R. Quinîæ sulph. grs. xxx.

Pil. No. iij. One to be given every hour. Purgatives appeared to be indispensable; under their use alone the tongue became clean, the headache and pains disappeared, and the patient was restored to a slow convalescence about the third or fourth day. At the suggestion of a medical friend I tried emetics in a few cases, thinking that it might afford more prompt relief to the agonizing sufferings of the patients laboring under this disease. In two instances where I administered ipecacuanha, I found that the patient vomiting naturally small quantities of bile, this medicine had no other effect than producing great straining, and invariably increased the gastric irritation, and in some cases to such an extent that the patient could retain nothing in his stomach. I must state that with the exception of those few cases whom I found vomiting naturally, in no other instance did I meet with this symptom, except in those cases where emetics had been administered, and I have no hesitation in saying that several cases that came under my observation in consultation with Mexican confreres, were dependent upon emetics, and in most instances where the tongue was red, it increased the gastric irritation and rendered the disease less manageable. In this situation I ordered a blister, 4 by 6, to be applied over the epigastrium, and the use of gum water, which generally relieved the symptom and allowed the patient to retain his medicine.

Such was my practice throughout the epidemic, and without censuring the opinions or practice of other professional confreres, I am content to claim a more than equal success with that obtained by other modes of treatment. So much so, that some of the poorer classes whom

my son, Dr. I. B. Mears, and myself could not visit, for constant callers, sent for the medicines, and went through the disease without medical attendance.

The convalescence, no matter how mild the disease might have been, was slow; a painful sensation of exhaustion remained for several days or weeks; weakness in the joints; the appetite was restored slowly; some complaint, for a few days, of pain at the epigastrium, particularly after eating; the skin was also subject to sudden changes; from being moist, it would suddenly become dry, and the bowels continued torpid. At this stage, change of air appeared particularly beneficial. The prognosis of this disease was extremely favorable; but a very few cases proved fatal under our treatment.

Nature.—Is it the Dengue of Dickson, the Breakbone of Rush, or a mild epidemic of yellow fever? I have termed it an epidemic bilious-remittent, because I considered the disease bore a strong resemblance to all three of the above-named diseases, and that the term would explain the nature of all. It differed from the dengue of Dickson, as follows: In no instance was the tongue clean at the commencement of the attack; there was no eruption, except in two cases that I saw; no swelling of the limbs or glands of the body, and no marked intermission between the first and second exacerbations. Again, he does not, in his description of the dengue, notice constipation, whilst in this epidemic it is an important symptom; in other respects the symptoms are similar. His treatment of the dengue differed greatly from the one found beneficial in this disease. He depended entirely upon opiates, whilst in this, purgatives are indispensable.

With the breakbone of Rush it differs as follows: The tongue is never moist; the bowels, instead of being regular, are exceedingly costive; there is no eruption; the thirst is always intense, whilst in the breakbone there is no thirst. As with the dengue, the treatment advised is different. Rush recommends the use of emetics, laxatives and opiates.

Now as to similarity with yellow fever: It resembles in every respect the mild forms of this disease described by Louis. The only symptoms wanting are the intense yellowness of the skin and conjunctivæ, and the black vomit, which are pathognomonic of severe and fatal cases of yellow fever. In only one case out of the number we visited did I see anything that

resembled black vomit, and although in many instances the skin was unnaturally yellow, in no one case was it of that deep yellow met with in the last stages of yellow fever.

The cause of this disease I will attempt, as briefly as possible, to trace. The first case originated in a gentleman who came to this place from Tampico, and a short time after his arrival was taken sick. Did he bring the disease from an affected locality, and did it spread by contagion? When we consider how liable, by attendance on the sick, medical men were to take the disease, we may for a while entertain the idea that it is contagious; but let us consider: in the first place, there was no connection between the first case and the second; the subject of the first being a stranger, no one but myself visited him. Again, persons from the country, who visited our city and remained any length of time on business, or to nurse the sick, took the disease on their return home, but in no instance did it spread among the other members of the family. If any doubt existed as to its contagiousness, a single fact of the kind is sufficient to destroy it. To pronounce the epidemic narrated to be yellow fever in a mild form, would be, perhaps, venturing too much. I have, therefore, modified the name, and called it an epidemic bilious-remittent fever. That it is, like yellow fever, an endemo-epidemic, induced by a union of local emanations, with a favoring condition of the atmosphere, I have no doubt; that it might have assumed, under favorable circumstances, the most aggravated form of yellow fever, I have also no doubt, although it would be an exceptionable one in our climate, as yellow fever has never been known to exist in or invade this city, from time immemorial. The cause, principally, I consider to have been the extreme drought during the months of June, July and August, and the noted high temperature of the atmosphere during those months, and immediately after the immense and unusual flood of rains that inundated the whole country, for a distance of more than one hundred miles in circumference, producing the action of a favorable temperature for the generation of malaria. As also, the few hygienic means that are used for the prevention of epidemics in this country, everything being left to nature. Inclosures and yards are never cleansed, and you find putrefaction all around; dead animals are taken to the river, and there they decompose; the public sale of decayed and putrid fruits and vegetables,

with fish, and a general conglomeration of putrefied substances, produce emanations that would favor serious epidemics in any place.

EVERYDAY EXPERIENCES IN MIDWIFERY.

BY DR. A. D. BINKERD,
Of Petrolia, Pa.

What I am about to write is for the benefit of young physicians, who, as I did, may want something less methodical than Bedford or Ramsbotham, on entering the lying-in room. I only propose to give some suggestions on small matters, which, nevertheless, I have found generally productive of the best and most satisfactory results.

When called to attend a lady, do not be in a hurry, but be sure to report in due time. Do not enter a lady's room panting like a hare, nor with too grave nor frivolous an expression of countenance. It will not detract from your dignity to remove your hat on entering the door of the humblest hovel, as well as on entering the more pretentious mansion. If the weather be cold I do not approach the patient until my clothing and person have attained to the temperature of the room. Having approached and addressed the patient in a collected mood and pleasant way, I sometimes touch her face with the back of the fingers, or lay the hand upon the forehead. Next, the hand seeks the wrist. This is all done in a careless sort of way, but to one with the *tactus eruditus*, it reveals a fact worth knowing. A natural temperature and a pulse of 80 to 85 and normal, possess a diagnostic value that cannot easily be over-estimated. Young women are shy creatures, and the subject uppermost in their minds is a delicate one. We must approach them as the sportsman approaches a partridge, by going round a little. The better we understand the business, the sooner we get there.

Having now established friendly relations, I inform the lady that I wish to ascertain the stage of the labor, and especially the position of the fetus. The lady generally gives herself unreservedly into her physician's care. I now order a basin of tepid water, in which I lave my hands thoroughly, warming and softening them. At the next pain I carry the index finger of the right hand gently into the vagina. I prefer the dorsal decubitus, the limbs partly flexed and the knees separated. If all is right I inform the patient so. I make few examina-

tions, and let the patient assume any position that may afford her the greatest ease. If the lady be of dark complexion, rather stout, short, thick neck, I always count on a tedious, very hard labor, and am rarely mistaken. Very lean women, of slender build, and thinner, longer necks, have, in my experience, had much easier and speedier labors. If the patient have the requisite strength, a position on the knees, leaning over a chair, on which is placed a pillow, may facilitate the labor, gravity being in her favor.

Otherwise I place an assistant upon the bed, to take the left hand of the patient in her right hand, and press against the left knee with her left, as I do on her right, during the fast recurring pains. If the labor has progressed well, and the pains are neither too severe nor too tardy, I rarely give the patient anything, except an occasional sip of water.

Meanwhile, an attendant will provide old cloths, and lay out the new garments for the expected stranger. Also have ready a basin of tepid water, soap, towels, pins, binders, strings, (nothing better than common cotton wrapping twine for binding the funis), and a pair of scissors; when the child is expelled, uncover its face. See that all is right, and be sure to go slowly. But should it be a footling presentation, and the woman a primipara, the head will most surely be retained in the vagina. This is the only time that hurry is justifiable, and hurry you must, in order to save the child.

Sometimes I tie the cord before pulsation ceases, and sometimes not till afterwards. So far I can give the preference to neither. I tie tightly, three fingers off, then less tightly, two fingers from first ligature, and sever between, handing the child to the nurse, who will simply wipe it dry with soft cloths, having great care of the eyes. When dressed it is placed in bed with the mother, and carefully washed *the next day*.

If the secundines have not come away within ten or fifteen minutes, I carry the finger up the cord, sweeping gently around it, making very slight traction upon it, grasping the womb gently within the walls of the abdomen in the left hand. A pain will now generally expel the placenta, while the womb contracts firmly. I take away very gently all membranes and clots, if any. I apply the binder myself, or see that it be done properly; lower the patient's head by removing one pillow, spread on an additional blanket, and thus avoid a chill.

Four important points are now to be observed. First, let no callers afflict the patient for ten days; absolute quiet, or nearly so, should be imperatively enjoined.

Next, the patient should be instructed as to what she may expect in regard to the lochia, and the importance of keeping up a slight discharge, varying in character, for a period of ten days to two weeks.

The breasts constitute the third consideration. These must not be allowed to become engorged or caked, else inflammation and suppuration of the most distressing character will be pretty sure to follow. They should be kept soft by repeatedly drawing them with the mouth or the breast pump. If cold water and cold food be rigidly abstained from, engorgement of the mammae and suppression of the lochia will be less likely to occur. Chills should be most scrupulously guarded against. They are precursors of mischief of greater or less gravity.

Fourthly, within thirty-six hours after parturition, it may be necessary to administer a mere laxative. Castor oil, with or without a corrective, say a tablespoonful, is among the safest. Opiates and drastic purgatives should be equally avoided. Plenty of well cooked, easily digestible food should not be denied the patient about the third day, and from that on through the month.

I have found Saturday one of the most unpropitious days for the parturient woman. Many a one has been talked nearly to death, by callers, on Sunday.

HOSPITAL REPORTS.

PENNSYLVANIA HOSPITAL.

CLINIC ON THE PHYSIOGNOMY OF PATIENTS.

BY DR. ADDINELL HEWSON.

Reported by F. Woodbury, M. D.

GENTLEMEN.—The wards having just been handed over to me by my colleague, and as you, from having attended the previous clinics, are more familiar with the cases perhaps than I am myself, I will, to-day, devote the hour to the consideration of certain important general principles, that will be useful to you in practice, as a guide to the recognition of certain forms of disease, and as suggesting their prospective course, proper treatment, and prognosis. You see before you, in the arena, a number of cases which, in complexion, temperament and vital force, show points of difference that are readily recognizable by you all; it is upon the discrimination of these points, and more particularly

their pathological significance, that I wish to dwell this morning.

The constitutional predisposition to some particular form of disease existing in an individual, we call a diathesis; it may be either congenital or acquired. We will confine ourselves, at present, to the consideration of hereditary proclivity, which is of two kinds, arthritic and strumous.

The arthritic diathesis is characterized by the elimination of uric acid from the system, or its presence in the blood, as seen in gout and chronic rheumatism. In the strumous diathesis there is no such excess of uric acid, nevertheless it also will show, at times, a tendency to disease of the joints, but of a different kind.

When the diathesis is developed into disease, which secondarily deteriorates and poisons the system, we have what is termed a cachexia. Diathesis is compatible with health, and does not involve the idea of the actual presence of disease; cachexia, on the contrary, always expresses profound disturbance of nutrition and departure from health.

There are certain points which indicate and influence the diathesis; and the first that we will consider is the complexion, of which there are two distinct types, blonde and brunette; with which you are familiar. The typical blonde shows a fair skin accompanied by light hair and blue eyes; while the brunette has a florid or dark olive skin, with dark eyes and hair. These blend and run into each other in practice, as the strumous or arthritic diathesis may preponderate, so as to make a number of intermediate grades, which are more frequently seen than either the pure blonde or brunette.

Different patients exhibit a marked contrast in the amount of their power to resist and ability to sustain the individual under the ravages of disease; they may also be divided into two classes, sthenic and asthenic, according to the amount of their vital force.

The sthenic constitution may be recognized by the ruddy cheek and general appearance of good health and vigor and the ready performance of the functions. The asthenic, just the opposite, shows a general want of tone of the tissues, with a pale and flabby countenance by which it may be recognized at a glance.

Finally, the temperament is important, and may be one of two varieties, nervous or lymphatic.

Having these points well in mind, we will find that every case is of the arthritic or strumous diathesis, modified by temperament, amount of vital force, and the complexion.

The case I now show you is a man who feels, apparently, as young as any here. His forehead is broad, the nose, mouth and chin are well formed, his hair and teeth are quite well preserved, he is active in body and vigorous, although he states that he is nearly seventy-five years of age. His temperament is nervous, constitution sthenic, complexion light brunette, and of the arthritic diathesis; a combination which we find to be most favorable to health and longevity.

In the nervous temperament, the face is generally intelligent, the forehead expansive, the alae of the nose not thickened, and the lips are thin and expressive. In the case I now show you, the nervous element is strongly marked; the indications just mentioned are all present. He is tall and thin, the pupil of the eye is dilated, and the ball is constantly in motion; I should say that the nervous element is here very much in excess.

This next case, you will remember was operated upon by my predecessor for internal piles. He is not at all a blonde; he also shows the dilatation of the pupils and restless eye, but he has, accompanying the arthritic diathesis, the olive brown complexion, with thick lips, the sthenic, lymphatic temperament, which indicate a man disposed to take the troubles of life easily. The peculiar appearance of the face and eye which you notice here, whenever you see them, indicate a tendency to hemorrhoids, which I have already told you actually exist in this case. His teeth are strong and well preserved; they are unusually good for the patient's years.

The arthritic diathesis has a tendency to long life; in advanced life it favors the development of gouty affections, and in a lymphatic temperament is liable to hemorrhoids.

We will now contrast the arthritic and the strumous diathesis. In the former, disease is more apt to occur late in life, while the latter shows itself in a number of complaints in childhood, which are popularly known as scrofulous affections. Age has a great influence upon the development of diathesis. Strumous subjects in childhood show a special predisposition to tuberculous eruptions upon the face, such as acne; afterwards they are prone to have disease of the shafts of the bones, and consumption generally develops in them before forty years of age; if they escape this they are liable to die from tubercular disorders of the abdominal organs. The strumous infant, when born, has no hair, and in after life the hair has a tendency to fall out and occasion early baldness; this is not the case with the arthritic baby, who has his head covered with hair at birth, and retains his hair well in after life but it is apt to become gray early. The latter is by far the more troublesome child to manage, but is not so liable to skin diseases and bowel complaints as is the other.

Here is a strumous child, who is a true brunette; the eyes are very dark, so is the skin, which shows a tendency to acne and freckling. In such cases the teeth are very apt to become defective in advanced life; to this class belong the old women that you occasionally meet, with a solitary inisor tooth projecting from the mouth. When the nervous temperament is blended with the strumous diathesis, we see the pupils dilated and the eyelashes long and matted together. In this diathesis we have always a thickened upper lip, as in some of these cases before you.

The strumous, nervous, sthenic patient may become tall, well-formed and vigorous, but in early life there is a special liability to tubercular

disease of the lung. These cases have a long neck, and are thin,—nervous temperaments always are thin,—in later life, if they survive, there is a tendency to deposits in the joints.

With the arthritic diathesis, in a fair brunette, and a nervous, sthenic, or, as it is oftener called, *nervo-sanguine* temperament, the best conditions for health exist, and the most favorable chances for a long life are found; if the patient is temperate in all things, especially if he can control his appetites for eating and drinking, he will probably live longer than any of the rest of them. The arthritic blonde is liable to the development of the gray variety of tubercle, and will probably die of phthisis before he lives out half his days. The strumous subject is more likely to suffer from the yellow or caseous tubercle. When the arthritic patient has a fever, there is an acid sweat and odor from the body; he requires a different kind of treatment from the strumous case, where the skin is not such an active eliminator of the morbid products, and where the form of the disease differs.

You sometimes hear of nervous cachexia; this is not correct; it is a confusion of terms. It is meant to express, generally, a nervous temperament with a born tendency to asthenia. And there is no such thing, strictly, as a cancerous diathesis; for you will always find carcinoma associated with one or the other of those I have mentioned.

There is one point here to which I wish to call your attention: it is the early development of cachexia in the strumous diathesis, and the great liability to epithelial disease, as in this case, where there is an actual epithelioma beginning upon the nose. A curious manifestation of the arthritic diathesis often occurs in advanced life; it is deformity of the metatarsophalangeal articulation of the great toe, not produced by injury or tight shoes, but by true arthritis of the joints in question. This is well illustrated by a woman who has been in the ward for some time. She has been kept in bed for several months, and now complains that her great toes stick up so that she cannot wear or put on her shoes as she could when first admitted. Among the arthritic affections of adult life we find gout, joint affections, and tendency to stone in the bladder.

As to the kind of calculus you may expect to find: In the well-marked arthritic diathesis it will be of uric acid; in a strumous case, of lymphatic temperament, the stone will be phosphatic. So that, by looking in a man's face you will be able to tell the kind of concretion he will be likely to have in his bladder.

This subject that we have to-day touched upon demonstrates the importance of studying the physiognomy of your patient. From it you can derive valuable information, both as to the kind of disease to which he will be particularly subject, and the most appropriate course to pursue with him; as different cases, regarding the points I have mentioned, require very different modes of treatment. You can judge from his vital force whether he would be likely to

bear the shock of an operation well. The asthenic blonde does not sustain much operative interference, while the nervous brunette is the happiest temperament, and will best tolerate severe treatment.

The importance of knowing and considering these points must be evident to you; before saying a word to your patient you will be enabled, almost at a glance, to discover his diathesis, temperament, and favorite disease, so that a few well-directed questions will excite his surprise and admiration at your penetration. The blonde with a nervous temperament you will find to be a most troublesome and irritable patient. Whereas a lymphatic case, with largely developed adipose tissue, what is sometimes called the adipose temperament, will be patient and tractable in illness, and will bear suffering with equanimity.

LONG ISLAND COLLEGE HOSPITAL.

EXCISION OF HEAD OF FEMUR.

BY JARVIS S. WIGHT, M. D.,

Professor of Surgery in the Long Island College Hospital.

REPORTED BY WALTER LINDLEY, STUDENT.

Anna P., aged eight years, entered this hospital, May 30, 1873, suffering from femoral coxalgia, the symptoms of which had first been noticed about two months previous. Sayre's hip joint apparatus was at once applied and continued until the date of the first operation. A fistulous opening appeared on the superior anterior part of the thigh, August 1, 1874, and a week after another on the interior of the same region. Tenotomy of the adductor muscles was performed by Dr. J. H. H. Burge, of Brooklyn, on the 29th of the same month, following which, slight extension was used. The general health of the patient remained very unsatisfactory, despite the greatest attention being given to her diet, and the pursuance of a general tonic treatment. Her temperature ranged from $103\frac{1}{2}^{\circ}$ to 101° , with a pulse running up as high as 150 per minute. A bed-sore, $1\frac{1}{2}$ inch in length was noticed over the ilium of the opposite side, November 7, 1874, and was dressed with tincture of guaiac, healing in a short time, under the care of Drs. Harvey and Westbrook.

Professor Wight, on the second of January, 1875, resected the joint in the usual manner, *i. e.*, by the sawing of the femur just below the great trochanter, remarking at the time that in this form of hip disease it was never wise to leave the great trochanter. After the operation the immobility of the limb was secured by appropriate splints, and two pounds of extension applied. There has been a marked improvement in the patient's general condition, her temperature ranging from $102\frac{1}{4}^{\circ}$ (the day after the operation) down to $99\frac{1}{2}^{\circ}$, with her appetite good. At the time of writing, four weeks after the operation, we are justified in predicting a speedy recovery.

Brooklyn, January 30, 1875.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Management of Diphtheria.

Dr. T. Pringley, in the *British Medical Journal*, gives a record of an outbreak of this disease. As to its management, he says:—

The local treatment I adopted in every case was the application of tincture of iodine (forty-eight grains to one ounce) to every part of the throat covered with membrane, at least once in twenty-four hours, and the inhalation of iodine vapor mixed with steam, but more especially the latter, if the larynx were invaded. If the membrane were firm in texture, and not too strongly adherent, I always removed it and applied the tincture of iodine to the denuded surface, and with the best results; for, although frequently the membrane would reform, yet it never regained its pristine condition. If the membrane were in specks or shreds, I applied the iodine over them, and in general half-a-dozen applications were all that was required to procure their dismissal, and in several instances two applications were sufficient. This local application of iodine acts, not only as a caustic, but, I believe, confers a modifying influence upon the secreting structure, and further brings into action the power of the absorbents; thus tending to retard the spread of the membrane and to promote the removal of that which is formed. I am aware that, in urging this treatment, I am at issue with many who contend that, this disease being a general one, depending upon certain changes in the blood by the introduction of a specific disease-poison, it is useless to attack the local manifestation of the disease any more than the pustules of small-pox. To those I would call attention to John Hunter's axiom, that two similar diseases cannot coexist in the system at the same time.

The general treatment was supporting and stimulating throughout. A liberal supply of beef-tea, wine and milk was frequently and regularly given, to maintain the system against the natural tendency to depression and exhaustion. In medicine, I rely upon chlorate of potash and tincture of steel, from three to five grains of the former with five to fifteen minims of the latter every four hours, according to age. When tracheal symptoms arise, I at once have recourse to the inhaler, beginning with ten drops, increasing to a drachm of the common tincture of iodine to a pint of boiling water, and letting the patient inhale as frequently as possible. In using this, one precaution is necessary, and that is not to begin with too large a supply of iodine, otherwise it is too irritating, causing the patient to cough, and making him unwilling to use it. I have found ten drops well borne to begin with; and, after a short time, we may

gradually increase the quantity to a drachm to the pint without inconvenience. If this do good, which it undoubtedly does, it is evident it cannot be by any caustic action, but entirely through its modifying and absorbing influence upon the diseased tissue. I can refer to three cases in which this treatment was of marked utility. In cases where the fits of dyspnoea are severe and frequent, I have found nothing like an emetic of sulphate of copper, which generally expels a quantity of membrane from the larynx and trachea, and gives relief for a time, at all events.

In tracheotomy I believe we may place considerable reliance, although my experience is limited to one case, and that unfortunately a fatal one; yet I firmly believe that if it be resorted to soon enough, we may rescue many lives.

Maternal Mental Impressions.

In an address on idiocy, by Dr. George W. Grabham, in the *British Medical Journal*, the following significant remarks are made:—

Shocks or injuries to the mother, or severe anxiety while she is pregnant, are commonly supposed to act prejudicially on the child; and in many cases, in my opinion, with a high degree of probable truth. Rigid inquiry has failed to elicit any other cause in 85 out of 543 cases, or nearly sixteen per cent. In many of these, the shock was a violent one; and I have an impression, not at present sufficiently confirmed by experience, that one very distinct, though small, class of the idiot is almost invariably attributable to this cause. This type usually occurs sporadically in a large and otherwise healthy family, without history of mental disease. No other cause appearing to account for these sporadic cases, we ought not to disregard the history which is forthcoming, and which I usually look for, of severe mental shock during pregnancy. As instances, I would name the bombardment of a city, a violent fall from a cart, the sudden accession of acute mania in a lady occupying the same bed, under circumstances of a peculiarly distressing nature. Interwoven with this part of the subject in many ways is the fact that nearly 23 per cent. of my cases were first-born children. Leaving the question of tedious birth for future consideration, let us bear in mind the anxiety which often precedes a first confinement, and the increased mental strain when the child is illegitimate, or has not been conceived in wedlock; also the struggle and uncertainty which newly-married couples often experience in gaining a living. The old Mosaic law was wisely conceived, which exempted the newly married one, for one year, from labor or necessity. Tedious birth, in some cases requiring instrumental

assistance, is assigned as the sole cause of idiocy in 13 cases out of 243; but probably this number is much understated. Inquiry often elicits the fact that the child was born in a state of asphyxia, and often even laid aside for a considerable time, as past recovery. Probably some severe congestion of the brain here occurs, from which it may never entirely recover; or imperfect expansion of the lungs may take place, giving rise to a cyanotic condition accompanying mental deficiency through life, but in which no malformation of the heart may exist. These cases of cyanosis are, however, by no means common. Convulsions within a few months after birth, or during the first dentition, account for nearly 20 per cent. of my cases; but it is certain, from inquiries made, that in many of these there was also some predisposing cause, the dentition only exciting it to action.

New Treatment of Varicose Veins.

Mr. John Marshall, surgeon to the University College Hospital, London, says, in the *British Medical Journal*, on the treatment of varicose veins:—

John Bell cut out small pieces of the vein at intervals; but this was also a severe and dangerous operation, often followed by extensive inflammation and hemorrhage. Von Gräfe used to lay open the vein, stuff the cavity with lint, and allow the wound to heal by granulation from the bottom; this was, of course, an effectual cure, but it was a tedious one, and was not unfrequently complicated by suppurative phlebitis.

The plan most commonly employed now is to obstruct the vein by ligatures placed at intervals along its course; but, unless these be placed very close together, this plan is often ineffectual; the vein is obliterated only just at the point of ligature, the intermediate portions remain patent, and the blood soon finds its way into them by means of collateral branches. To obviate this tendency, some surgeons, after placing the ligatures, have divided the vein subcutaneously between each pair; this gives more satisfactory results, but is sometimes followed by troublesome inflammation and suppuration.

The plan of treatment, said Mr. Marshall, which I have carried out on this man, and which I propose to try more extensively as opportunities offer, is not altogether new, but presents, I hope, sufficient novelty to deserve the notice of the profession. It resembles that of Von Gräfe, which I have just mentioned. The grave objections to his plan were the occasional occurrence of troublesome hemorrhage, and the risk of diffuse suppurative phlebitis followed by embolism, septicæmia, etc. The former danger might, I thought, be obviated by elevating the limb well, and by carefully applying Esmarch's bandage before the operation; and the latter risk might also be avoided by the use of antiseptic dressing. The operation in this case was performed as follows: I drew, with ink, a

straight line, six inches in length, over the course of the tortuous vein, just below the knee, where it was most enlarged. Esmarch's bandage having then been applied, I next passed a hare-lip pin under the vein, at the top and bottom of the marked portion, and secured it with the usual figure-of-8 and bougie ligature. I then cut through the skin over the course of the vein, opened the vein itself just above the lower ligature, and slit it up on a director as far as the upper pin, a distance of about nine inches. But, when I had thus laid open the vessel, it struck me that the healing of the wound would probably be accelerated if I removed entirely this ragged-looking piece of useless membrane; I, therefore, cut it across at each end, and removed it by dividing some small branches. The vessel was quite empty, and no blood was lost during the operation. In performing it another time, I should, after exposing the vein, cut it through, and remove it at once, without opening it. Three hare-lip pins and figure-of-8 ligatures had also been placed on the vein higher up, a little above the knee. The wound was dressed antiseptically, according to Lister's method, and a bandage applied firmly as high as the knee.

As regards the after-progress of the case, I need only remark that on December 1st the wound was found to be nearly healed, and the carbolized dressing was left off; it would have been better for the patient if this had been continued for a few days longer, for his recovery was somewhat retarded by a slight attack of erysipelas, which now invaded the limb.

On Bacteria.

So much having been said lately about bacteria, our readers may be glad to read the following description of them, taken from a lecture by the able physiologist, Dr. J. Burdon Sanderson, published in the *British Medical Journal*.

The first fact that I shall advance with respect to bacteria is, that they are the smallest and least organized of all living beings. As regards size, it is best to judge by comparison with objects with which we are microscopically familiar. The most common rod-like forms are in length about one-third of the width of a blood-corpuscle; i. e., about $\frac{1}{1000}$ of an inch, so small that, if we examine a liquid containing them, with the ordinary magnifying powers used for histological observations, we can scarcely be said to see them to any practical purpose. It is necessary to have recourse to the best microscopes and the highest powers, if it be desired to observe them in such a way as to arrive at useful results.

What grounds have we for stating that they are the lowest organisms? One is, that they present only very slight differentiation of parts; but in this sense they are certainly not simpler than many other forms that might be referred to. The chief ground for the statement lies in this, that they are much less *specific* in their characters—much more under the influence of the conditions under which they originate and

are developed—than organisms of any other class. Just as in the higher animals, and in man himself, we call those functions lowest which are most completely automatic—i. e., most completely under the guidance of known conditions—so also, as regards form, we recognize that while all animal and vegetable forms, even the highest, are moulded by circumstances to fit their places in the economy of nature, this moulding power—this adaptation of form to circumstance—becomes more and more obvious the lower we descend in the scale of development.

The next fact relates to the *habitat* of bacteria, to the medium in which they live, water. They inhabit water either as such in the ordinary sense, or in the various conditions recognized as *moisture*, whether occurring on damp surfaces or as filling the interstices of solid bodies, which bodies, when so impregnated with water, are said to be damp. Those who are familiar with chemical work, know that this quality of dampness goes a great deal further than the popular notion of it; that many things ordinarily called dry, yield, when subjected to the drying processes commonly used in the laboratory, evidences of being really moist. Consequently, moisture, regarded as a limiting condition of bacterial life, is a very wide and comprehensive one.

From this statement, it must not be understood that bacteria do not exist in the atmosphere. But their existence there in an active form strictly depends on moisture. They attach themselves, without doubt, to those minute particles which, scarcely visible in ordinary light, appear as motes in the sunbeam, or in the beam of the electric lamp. It is by the agency of these particles that they are conveyed from place to place.

Notwithstanding that the word bacterium means a rod, and that many of the forms to be immediately referred to are not rod-like, I am obliged to use it, because it is used by others as a general term for the whole group of organisms known to botanists as *Schizomycetes*. This designation being obviously too long, I attempted, in 1870, to introduce the word *microzymes*, a word which was intended to denote the fact that, in the development of these organisms, the process of vegetation is always associated with chemical processes of a peculiar kind, in a way comparable to that in which the vegetation of the yeast-plant is associated with the alcoholic fermentation. I forego the use of the word microzyme, for the reason I have mentioned, viz., that it has not been taken to, but I am not the less sensible that such a word is as much needed now as ever; for it is evidently inconvenient to say, as I now find myself compelled to say, that bacteria—rods—may be either globular, egg-shaped, or filamentous. Cohn classifies our organisms under terms expressive of these various forms, the most important being micrococcus, bacterium, vibrio, and spirillum. I have drawn these on the blackboard.

Bacteria have, as a rule, two states of exist-

ence, a state of activity and a state of rest. When a liquid teeming with bacteria in the active state is observed under the microscope, the attention is so riveted, that it is an effort to take away the eye from the instrument. The movements have been often described. In the case of rod-shaped bacteria, the axial movement, in which the rod advances or retreats in the line of its axis, the direction being frequently reversed, is the most common. This kind of locomotion occurs often by fits and starts, the body remaining in the intervals quite still, or assuming a pirouetting or spinning movement. In all rod-like bacteria, it is probable that the progressive or axial movement is associated with rotation, for, in observing the motion of vibrios, it is easy to see that they, in progressing, twist round the axis of the spiral. When this is the case, it looks as if the filament were executing a wriggling motion, i. e., as if its body were contractile; but this is obviously deceptive. The mechanism of the motion is as little understood as those of *Oscillatoria*, which it closely resembles. It must be carefully distinguished from the passive motions which are exhibited by all particles of size comparable to that of bacteria, when suspended in a liquid of which the density does not differ very widely from their own. Certain forms of bacteria appear to be motionless in all stages of their existence.

Capillary Puncture of the Bladder.

Dr. Fochier, of Lyons, recommends this operation under the following circumstances:—

1. Enlarged prostate, with complete retention or complicated with false passages or with inflamed or irritable urethra, as also partial retention, when catheterism is difficult or dangerous.
2. When the urethra is the seat of inflammatory or traumatic lesions.
3. In stricture that is impermeable or accompanied by false passages, or ammoniacal catarrh.
4. In women in whom catheterism is impossible during labor, in retroversion of the uterus, and in the compression caused by tumors.

M. Fochier's general conclusions are: 1. Whether the retention be total or partial, the innocuity of capillary puncture (even in cases in which the peritoneum has been pierced by it) is such that it should interdict catheterism wherever this is impossible, difficult, dangerous, or very painful. 2. Wherever it would be of advantage not to allow of the urine passing along the urethra, and the bladder has risen above the pubes, puncture should be had recourse to, even when urine passes by the canal.

Treatment of Mammitis.

The following discussion at the Obstetrical Society of London, reported in the *Medical Times and Gazette*, contains a number of useful points.

Dr. W. Bathurst Woodman had been struck with the rarity of mammary abscess in animals, notwithstanding the forced abstinence from suckling which cats and dogs undergo from the

drowning of their progeny, and in spite of the great distention of the udders of cows, mares, and other animals when driven to market, or for other reasons separated from their young. Acting upon this suggestion, he carefully abstained from those manipulations and questionable "gentle" frictions which have so long been customary in such cases, and with the most satisfactory results. Where an abscess was threatening, in place of employing liniments he enjoined perfect rest, the avoidance of all frictions and rough handling, and of suckling for a time, if possible, from both breasts, but at all events from the one most implicated; the horizontal position, careful application of strips of isinglass, soap, or lead plaster, or of an air-cushion with a hole in its centre, or of bandages taking their purchase from the opposite shoulder. In addition to these measures he employed preparations of opium, belladonna, or chloroform, applied in compresses, or ice, moist warmth, and leeches; the local congestion being also relieved by diaphoretics, diuretics, and aperients; belladonna, iodide of potassium, and sedatives being given, if requisite. Illustrative cases of this method of treatment were given, exemplifying its advantages.

Dr. Barnes observed that the principle of rest had long been applied to the treatment of inflammation of the breast. He himself had learned the value of it from Trousseau, when a student in Paris, thirty years ago. That admirable physician taught and illustrated it with great earnestness. He placed the breast at perfect rest by carrying straps of leather spread with *emplâtre de vigo* all round it, so as to lift it well up and exert constant support on the vessels. Thus oedema was prevented, and engorgement soon subsided. It must, however, be remembered that this form of pressure was ill borne in the first inflammatory stage. It was chiefly serviceable when suppuration had taken place and the abscess had been opened; the sac was then rapidly closed. In the earlier stage he had seen leeches do excellent service. The pressure then must be lighter.

Dr. Ashburton Thompson said there were two modes of treatment not referred to in the paper, the administration of tincture of aconite, and total abstinence from fluids during the necessary number of days. By giving minim doses of aconite every hour he had succeeded in cutting short inflammations of the breast which there was no doubt would otherwise have run on to suppuration very frequently; indeed, in three cases out of four. In cases of stillbirth he had hitherto found abstinence from fluids sufficient in every case to avoid every kind of mammary disturbance. Ice was allowed in moderate quantity, and no other fluid, from the time of delivery until the fourth or fifth day, when the breasts generally return to their normal state of quiescence. He had had two cases recently in which this method of treatment had been perfectly successful. The deprivation of fluid caused but little distress.

Dr. Edis, remarked that the chief thing to be

remembered was to limit the supplies, to act on the bowels, and to insure perfect rest to the mammae. He was accustomed to order a belladonna plaster to be applied to the mammary region within twenty-four hours of delivery, thus exercising pressure as well as arresting the secretion of milk. Abstinence from fluids and great moderation in diet were enjoined for the first few days, an aperient mixture of sulphate of magnesia and iodide of potassium being given twice or thrice daily, to relieve the bowels. The shoulders should be raised, and the arms kept perfectly quiet; the upper part of the chest being only lightly covered; any friction or drawing of the breasts being strictly prohibited. Where this method had been adopted he had never seen a single instance of mammary abscess. An evaporating lotion continuously applied to the mammae was in some instances sufficient to prevent the secretion of milk; but the pressure obtained from the plaster was of great service, and effectually prevented the employment of any friction.

The Prophylaxis of Tetanus.

Dr. Moodeen Sheriff, of Madras, says, in one of the late reports of the Triplicane Dispensary:—

In a previous report I remarked: During the last few years I have used opium in every case of wound and ulcer in which there was a fear or suspicion of tetanus, and the result is that the latter has not occurred in any case up to the present moment. This was not the case before I began the use of opium, when tetanus did occur occasionally among the patients suffering from wounds and ulcers; so that the complete exemption enjoyed by my patients, during the last few years, from so dangerous a disease as traumatic tetanus is directly attributable to the use of opium. Not only opium, but the timely administration of any other medicine possessing the combined action of anodyne and anti-spasmodic will, I think, produce the same effect; but at present my experience is limited to the use of opium. Opium may not produce the desired effect if the source of irritation be very great, as is often the case in compound comminuted fracture of large bones, but in less severe cases of wounds and ulcers, if tetanus is to occur, it will be warded off by the use of that drug.

I still continue the same plan of treatment, and have greater confidence in it than before. It is now more than six or eight years since I first employed it, and up to the present date traumatic tetanus has not occurred in any case in which opium was used. During the last year the disease occurred in one case of wound in which no opium or any other anodyne or antispasmodic medicine was used.

—The Legislature of Illinois has appropriated \$185,000, for a School for Feeble-minded Children. It will be located either in Jacksonville or Quincy.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—At a meeting of the Richmond Academy of Medicine, in January, Dr. C. TOMPKINS read a letter from Dr. PAUL F. EVE, Nashville, Tenn., asking for succinct accounts of prominent practitioners in Virginia, to be incorporated in the biographical sketches of medical men of the South, to appear in an encyclopædia now being published in New York.

—The second part of Dr. SAMUEL W. FRANCIS' "Curious Facts Concerning Man and Nature" contains thoughts on quite unusual subjects, as may be seen from the titles to the articles it includes, as, "Is the Sun an Egg?" "The Moon and Green Cheese," "Scanning in Therapeutics, or the Metrical Treatment of Disease," "Evolution in Atheism." Those who fancy out-of-the-way comparisons should get the work.

BOOK NOTICES.

A Treatise on Cutaneous Medicine and Diseases of the Skin. By H. S. PURDON, M.D., Physician to the Belfast Hospital, etc. London: Baillière, Tindall & Cox, 1875. 1 vol., 12mo, pp. 272.

Dr. PURDON is known to medical readers in this country as the late editor of the "Journal of Cutaneous Medicine," a periodical very well edited during its rather brief span of life. The work which he now brings out is not so much from his own experience, as a compend of the extensive literature of dermatology during the last three or four years. He collects the opinions of very many of his contemporaries, and does not, perhaps, criticise them so closely as one could wish. His own experience, which must have been quite extensive, we should gladly have seen more definitely stated by a freer use of figures. As it is, the suggestions for treatment in his book are numerous, and generally so stated as to be of real utility—that is, without that eminent vagueness which not a few

teachers deem appropriate in didactic compositions. This is not always the case, however. For *defluvium capillorum* he recommends "a pomade containing dilute citrine ointment, a little glycerine, and spermaceti ointment, rubbed into the scalp every night." Now, it would have been just as easy to give a working formula for this pomade. Every pharmacist knows how useless, for all practical purposes, is a recipe thus stated. Why physicians cannot learn as much, passes our comprehension.

The book contains twenty-three chapters, and gives, in brief space, a very satisfactory review of the latest advances in dermatology.

The Philadelphia Medical Register and Directory, edited by WILLIAM B. ATKINSON, M.D., etc., 1875. Cloth, 12mo, pp. 342. Price \$2.00.

In the present edition, this work has undergone a very thorough revision, and has been augmented by a considerable amount of new matter. It may justly be considered indispensable to every resident physician of the city, and equally so to every medical visitor. A full list of the Medical Associations, Medical Schools, Hospitals, Dispensaries, and Charitable Institutions is furnished, with the requisites for gaining admission to them. Lists of Dentists, Nurses, Collectors, Makers of Surgical and Medical Supplies, etc., are also added. The Directory of Physicians includes both Philadelphia and Camden, and includes only those "who are believed to be practicing medicine in accordance with the Code of Ethics." As a medical guide book of the city, it is all that can be wished.

Medizinische Novellen. Zweite Lieferung. Von Dr. BERNHARD SEGNIß. New York, 1875.

The second installment of Dr. SEGNIß's popular medical stories relates to measles, catalepsy, icterus, delirium tremens, intermittent fever, and chloroform in suicide. We have read that on delirium tremens, a story, the heroine of which is the subject of the disease, a person of princely blood, who proposes marriage to her cousin, fires a revolver at him when he declines the honor, and buries her grief in libations of brandy. Mania-a-potu results, of which the Doctor cures her, and by the personal influence of the prince regent her cousin accepts her hand, and they are presumably happy ever after! *C'est un peu fort*, but the story is not badly told.

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THE PATHOLOGY OF ENTHEASM.

Those who have professed to teach their fellow mortals new truths concerning immortality, have based their authority on direct divine instruction. NUMA, ZOROASTER, MOHAMMED, SWEDENBORG, all claimed communication with higher spirits; they were what the Greeks called *entheast*—"immersed in God"—a striking word, which Byron introduced into our tongue.

The study of this condition, as described by those who have experienced it, is interesting, physiologically, legally, and historically. In the last number of the *Journal of Mental Science*, Dr. WILLIAM W. IRELAND has an entertaining article on "The Hallucinations of Mahomet and Others;" but it is rather taken up with discussing the sincerity of their assertions than with their explanation. The ordinary doctrines of hallucination are insufficient to solve the enigma of the combination of such profound philosophy with such credulity.

The question is twofold: How do great thoughts arise? Are they fostered by certain abnormal conditions which predispose to hallucinations?

The first of these inquiries would seem to have been clearly answered by the late researches in the automatic action of the brain. Dr. CARPENTER states that he has for many years had the habit of making inquiries of distinguished artists, inventors, poets, and other creators, as to the genesis of their most original ideas; the reply he has always received is that these ideas rose in their minds suddenly, spontaneously, but very vividly, at some period when they were thinking of some other topic. The same result is reached by Mr. FRANCIS GALTON in his attractive work, published last year, entitled *English Men of Science*. In speaking of the nature of original thought, he remarks: "It appears to me that what is generally meant by genius, when the word is used in a special sense, is the automatic activity of the mind, as distinguished from the effort of the will. In a man of genius, the ideas come as by inspiration; in other words, his character is enthusiastic, his mental associations are rapid, numerous, and firm, his imagination is vivid, and he is driven rather than drives himself. All men have some genius. They are all apt, under excitement, to show flashes of unusual enthusiasm, and to experience swift and strange associations of ideas. In dreams all men commonly exhibit more vivid powers of imagination than are possessed by the greatest artists when awake."

These latter remarks apply forcibly in answer to the second query we have proposed. There is no sort of doubt that almost any one can have most striking visions by seeking them. This is so well known to the American Indians that at the age of puberty the youths and maidens are subjected to a fast, which is prolonged until their personal protective spirit appears to them. They intently await his coming, and the dominant idea gives its impress to the visions of a delirium brought about by loneliness, hunger, and thirst.

A most instructive, and unquestionably honest recital of this ordeal will be found, as related by CATHARINE WABOSE, a converted Chippewa, in SCHOOLCRAFT's *Indian Tribes*, vol. i, p. 392. She fasted six days, taking nothing but a little snow, and describes accurately the scenes of her delirium, which she, of course, construed then as divine visions, and after her conversion, as diabolical visitings. Mysterious flames appeared in the heavens and around her, and supernatural visitors conversed with her.

In the condition called *chorea magna* such hallucinations are periodical. A typical case is given by Dr. STEINER in the *Jahrbuch für Kinderheilkunde*, 1864. A girl of thirteen, who had been brought up in a cloister, became subject to paroxysms, lasting a quarter or half an hour, in which she saw the heavens open, and conversed with God, the Virgin, and the angels. Change of scene, and a treatment of iron and zinc, cured her after six months. In less intelligent surroundings, those about her, and she herself would have fully believed the theopneustic character of these manifestations. On a large scale, and as an epidemic, *chorea magna* led to the celebrated "children's crusade," in 1212 and 1213, when the children sang songs, preached, and manifested the usual symptoms of the disease, attributed, at the time, by some, to God, by others, to the Devil.

Now, it is noteworthy that the first attack of inspiration, if we may be allowed the expression, which seized the teachers mentioned, took place after a prolonged fast and solitary musing. MOHAMMED passed weeks of lonely thought and deprivation before the "night of the divine decision," when the first Sura of the Koran was dictated to him in the cave of Mt. Hara. It was at the close of years of stringent asceticism that, seated under the tree of knowledge, BUDDHA says, "the eye, the knowledge, the wisdom, the clear perception, were developed within me." The hallucinations which accompanied this change, the temptations of the devil (Mara), are just such as we find in later narratives (see

Koppen, *Buddhismus*, pp. 88-90). They are more than equaled by numerous passages in the hagiographs of the Middle Ages, where touching and noble sentiments are uttered by devotees subject to strange and even outrageous hallucinations, as in the *Revelations* of St. GERTRUDE, Abbess of Nivelles, in Brabant, of whom it is written, "post plures annos in monastica observantia sanctissime transactos, celesti sponso copulata est!"

The conclusion from such examples seems, therefore, justified, that the automatic action of the brain is largely favored by a condition approaching mental disorder—at least, by one remote from the ordinary working-day habits of thought; and nothing is more natural than that such sudden mental births should have been honestly regarded as divinely sent.

NOTES AND COMMENTS.

Therapeutical Notes.

HYSTERICAL SPASMS.

Dr. E. Chenery, of Boston, says, in the *Medical and Surgical Journal*, of that city:—

For many years, the writer's panacea in the treatment of hysterical spasms has been the internal use of a mixture of chloroform and laudanum, after the paroxysms have been relaxed by the inhalation of chloroform, so that the patient could swallow. One good dose of this mixture has usually sufficed to explode the fits, and persons who have been frightfully convulsed have in this way been speedily made "to take up their bed and walk."

ENLARGEMENT OF THE SPLEEN.

For this frequent sequela of intermittent Dr. Bernard has found much benefit from bromide of potassium, fifteen to thirty grains daily, continued several weeks.

CINQUEFOIL IN PERITONITIS.

In the *Charleston Medical Journal*, Dr. William Hauser strongly recommends the cinquefoil, *Potentilla reptans*, in puerperal peritonitis. He remarks:—

"In a large practice, of more than twenty years, I have never found anything, nor all other things combined, to equal this simple plant in the treatment of this exceedingly pain-

ful, dangerous, and sometimes stubborn disease. I have never failed with it once, in all this time, to the best of my recollection. My method with it is simply this: Make as strong a decoction of the plant, leaves, vines, and roots, as possible, and give the patient (at any stage of the case) large draughts of the tea, as hot as she can drink it, every half hour, or oftener, till she be thrown into full perspiration. All pain and fever will soon be gone, and then you have the entire mastery of the case."

A DRESSING FOR BLISTERS.

Dr. J. W. Foster writes to the Cincinnati *Medical News* :—

As a dressing for blisters I have used, with the best results, the simple warm water dressing, used in the following manner. After the blister surface is thoroughly cleansed of any remaining portion of flies and sponged off nicely, the vesicles clipped and relieved of the accumulated serum, I take soft linen or cotton cloths, a little larger than the blistered surface, fold them three or four thicknesses, then dip them into warm water and apply them over the blistered surface, changing the dressing every two or three hours.

Diabetes Mellitus.

The hereditary character of this disease has lately been asserted by Dr. R. Schmitz, in the Berlin *Klinische Wochenschrift* (No. 44, 1874). He thinks in most cases it is congenital and inherited. The importance, therefore, of avoiding its exciting causes is obvious, where it has already appeared in a family. Little sugar should be used; mental strain avoided; injuries and accidents, especially those affecting the head, should be carefully watched; and the urine always tested for sugar in such emergencies, so as to begin treatment early.

"Out of the Eater Comes Forth Meat."

The strongest counterblast against the Virginian weed that we have ever seen comes right from Old Virginia herself. It is in the shape of a report to the last meeting of the Virginia State Medical Society, by a committee, of which Dr. W. W. Parker was chairman. He states his conclusions as follows :—

1. That the use of tobacco is more revolting and obnoxious to the natural physical man than is the use of alcohol.

2. That to the uninitiated it is a more deadly poison.

3. That the toleration of it by the system is no evidence that the drug has ceased its bad effects upon the organism.

4. That the moderate use of tobacco causes more dyspepsia than the moderate use of alcohol.

5. That no young man should begin its use without first consulting the most intelligent physician in his neighborhood as to its probable effects upon his nervous and digestive systems.

6. That the testimony of smokers and chewers themselves against the use of tobacco is that it is *uniformly damaging*; far more so than is the testimony of drinkers against the use of alcohol.

A Diagnostic Hint in Old Ulcers.

In a lecture on chronic ulcers of the leg, in the Detroit *Review of Medicine and Pharmacy*, Dr. McGraw says :—

I will give you a rule for diagnosis. It has very few exceptions. *Idiopathic ulcers, which occur in the upper third of the leg, are syphilitic.* When you are called upon to treat such cases, inquire whether the ulcer originated in an injury; if not, treat the patient for syphilis, without further ado.

Winter Climates.

A gentleman who seems to have given close attention to the subject of American winter climates for consumptives, Dr. Q. C. Smith, of California, sums up his observations in the Nashville *Journal of Medicine*, thus :—

The most pleasant and best adapted part of the United States, as a winter health resort for consumptives, is in the belt of country bordering along the eastern base of the Rocky Mountains, not further north than the Arkansas Valley in Colorado, nor further south than Santa Fe in New Mexico. Further north than the Arkansas River Valley is too cold, and this is the main objection to Minnesota, a locality of considerable celebrity for the relief of consumptives.

The editor of the Missouri *Clinical Record* says, in a recent number :—

A physician who has recently returned from San Francisco, remarked to us in conversation, that the prevalent ideas entertained here of the beneficial effects of that climate in phthisis were quite erroneous. He stated that there are portions of California very well adapted as a resort for invalids of this class, but that consumption and emphysema, and other pul-

monary troubles, are extremely frequent in persons in the city and vicinity of San Francisco; that is to say, residents, not including persons brought there for restoration to health.

How to Give Powders to Children.

Speaking of irritable stomach in children, a writer says, in an English cotemporary, Gray powder is often eminently successful in these cases, "if it is swallowed," and the best way of exhibiting it or any other powder (I mention the method, not being able to find notice of it anywhere), is to direct the mother or nurse to moisten the tip of her forefinger with water or some viscid substance, as treacle, and collecting the powder upon it, rapidly smear it over the back of the child's tongue; the mouth is opened easily enough by touching the lips or gums with one of the fingers. The result over the ordinary exhibition with the teaspoon is quite encouraging.

Asparaginic Acid.

According to *Radziejewski*, the pancreatic juice, in its reaction on blood fibrin, produces asparaginic acid. The latter may be considered a product of the splitting up of the albuminates, both animal and vegetable.

CORRESPONDENCE.

Remarks on a Case of Pleuro-Pneumonia.

ED. MED. AND SURG. REPORTER:—

I desire to make a few critical remarks on a case given in a clinical lecture by Dr. Wm. Pepper, in the *REPORTER*, October 31st 1874. He calls it "a case of simple pleuritic effusion."

"CASE. M. D., aged 30, was admitted to the surgical wards of Pennsylvania Hospital, complaining of pain in the right side, the result, he stated, of a fall which had happened a month before. As, however, no fracture of the ribs or other injury could be detected, he was transferred to the out-wards, but was readmitted to the medical wards August 26th, 1874.

"At this time he had severe lancinating pain in the lower part of the right chest; the respiratory movements were shallow, painful, and much increased in frequency; there was some dry cough, and a moderate amount of febrile movement; the surface temperature was 101.5°, and the pulse 112 per minute; the lower part of the right side of the thorax was perceptibly distended, and in the recumbent posture there was dullness on percussion extending up to the fourth interspace anteriorly and laterally, and as high as the spine of the scapula posteriorly; over this area there was absence of vesicular murmur, vocal resonance, and vocal fremitus."

Here is a very good description of a plain case of acute pleuro-pneumonia, as any tyro in medicine would readily see, requiring active antiphlogistic treatment. The patient was ordered potass. iodid and quin. sulph. Plenty of good food, and more than all at this stage of the disease, a *blister*. Bear in mind, this man's weight was 188 pounds, age 30 years, temperature of skin 101.5° pulse 112. A blister in the active febrile stage of a pleuro-pneumonia! And this embodied in a teacher's lecture to students of medicine, within the honored walls of the Pennsylvania Hospital!

Verily, Prof. Mitchell, of Old Jefferson, was wise when he said, "Gentlemen, you must make up your minds to forget many things which your teachers will tell you." The result of this treatment was just what might have been expected. Three days thereafter the case is reported worse in every respect, dullness on percussion, absence of vesicular murmur, temperature, respiration, arterial action all increased.

September 16th. Twenty-one days from commencement of treatment; no change in the condition of the chest. The patient has lost flesh; respiration 36 per minute. Here again the lecturer speaks of the "bulging" of the right side of the chest; why did he not measure the two sides accurately, and tell us how much "bulging" there was, if any? It would have been worth while to teach his pupils to measure the chest. I undertake to say that this very valuable sign of hydrothorax cannot be verified without the tape line.

It is not necessary to transcribe what follows: suffice it to say, that the symptoms, as detailed, point unmistakably to a solidified lung, from a bad attack of acute pneumonia, entirely neglected so far as useful treatment was concerned. And now comes in that "exudation of plastic lymph" which has done duty so often, and in so many parts of the human body, to cover errors in diagnosis and treatment.

This exudation of plastic lymph, he says, "is thickest posteriorly," and curiously enough, he selects this locality for his operation, and introduces the aspirator needle "*an inch and a half*." He did not get through the chest wall. It would have been a *dry tap* at any rate, but if there had been ever so much fluid in the chest, he would have got none of it by such tentative surgical means as this. He is convinced now that the inside of the chest-wall is lined with *solid lymph* to an unusual depth, because he did certainly not touch the lung with the aspirator needle.

The treatment now is not so entirely bad as before. The blister now is in order, also the whisky and the good food; the potass. iodide and scoparius were, to say the least, useless. The treatment was continued for two or three weeks, the patient improving to some extent, when the abscess which had been forming in the lung tissue burst into a bronchus, and the man was saved, not on account of the treatment, but in spite of it.

Now allow me to protest against such doctrine

as this being sent out broadcast to the profession at large, as a specimen of sound practice, based upon the enlightened experience of the past and the theoretical knowledge of the present.

S. M. HAMILTON, M.D.

Monmouth, Ills.

Bromide of Ammonium as a Prophylactic in Angina Pectoris.

ED. MED. AND SURG. REPORTER:—

This agent having survived the period of novelty, whatever relates to its therapeutics is of interest.

The following cases, which I transcribe from my case book, exhibit its properties in a new phase.

CASE 1. I was sent for in haste to see Thomas B., a tavern keeper, aged forty-five, on May 2d, 1874. I found the patient suffering the most excruciating pain over the præcordia, shooting into the left arm, the forehead and face bathed in large drops of cold sweat, accompanied by a vivid sense of impending death. Paroxysms lasted about a minute. On examination of the chest, failed to find any signs of valvular disease or enlargement of the heart. He presented an aspect of health; suffered at times with dyspeptic ailments. By the use of hypodermic injections of morphia, and the inhalation of four drops of nitrite of amyl (which is one of the best remedies to relieve paroxysms of pain that we have in the materia medica), the patient was soon relieved of the paroxysms of pain. I then placed the patient upon twenty grains of the bromide of ammonium every four hours for twenty-four hours, and continued the medicine in ten to twenty grain doses three times a day for several months; has had no return of the disease. This man had been a sufferer from angina for three years.

CASE 2. John S., aged sixty-five, a cooper by trade, consulted me September 5th, 1874. He had been for several years a dyspeptic, and for several weeks prior to consulting me had repeated attacks of angina; pain over the præcordia, extending into the left arm, accompanied by palpitation. The attack was brought on by active exercise, or mental excitement. On examination of the chest, no signs of disease of the heart were found. I placed this patient on bromide of ammonium, fifteen grains three times a day; he has continued the use of it to this date, and has had no return of the disease.

CASE 3. Annie C., a young girl aged seventeen, was brought to my office the 10th of November, 1874. Menstruated at fourteen; since her menstruation, has been subject to nervous spasms, with severe paroxysms of angina. Pain shooting into the left arm, accompanied by a sensation as if the heart was compressed in a vise; the paroxysms occurred suddenly, lasted from a minute to half an hour, accompanied by a sense of impending death. An examination of the chest disclosed no signs of disease of the heart. Ordered this young girl to be taken from school, placed her upon tonics, good diet,

exercise every day in the open air, and gave her ten grains of bromide of ammonium three times a day. She has had no attack since November; her health has improved so much that she has returned to school, and says she is enjoying the best of health.

RUFUS K. HINTON, M.D.

Philadelphia.

NEWS AND MISCELLANY.

Philadelphia County Medical Society.

The next Conversational Meeting will be held Wednesday, March 10th, 8 o'clock P. M., at the Hall of the College of Physicians.

Dr. James Tyson will read a paper, subject, "The Treatment of Bright's Disease of the Kidneys."

The medical profession in the city are cordially invited.

The University of Ann Arbor.

In a recent report to the Michigan Legislature, the Regents of the University of Ann Arbor state that the medical department is "in a high state of efficiency, with an actual attendance of three hundred and seventy students." The hospital, however, is described as "an old brick building, utterly unfit for the purpose." A bill was proposed to the Senate, asking an appropriation of \$5000, to establish a homoeopathic department, and the Regents express their willingness to manage the affairs of this department.

Long Island College Hospital.

The reading term of this institution, which began the first of October, 1874, closed February 20, 1875. The regular term begins Tuesday, March 2, and closes about the first of July. Among the improvements completed during the past year, is the building of the largest and most complete dissecting room, with one exception, in New York or Brooklyn.

Items.

—The deaths in this city for the week ending Feb. 27, were 404. Nativity—United States, 306; foreign, 91; unknown 7; from the Almshouse, 5; people of color 10. Males, 211; Females, 193; boys, 108; girls, 88. The number of deaths, compared with corresponding week of 1874 and of last week was as follows:—

Week ending February 28th, 1874, was 318.

Week ending February 20th, 1875, was 339.

—The following officers have been elected for the ensuing year by the Lawrence county, Ohio Medical Society:—

N. K. Moxley, President; C. M. Willson, First Vice President; F. R. Eakins, Second Vice President; J. M. Matthews, Secretary; Jona Morris, Treasurer; D. C. Wilson, James Moore and J. W. Winn, Censors.

—The Pennsylvania State Insane Hospital has received 6899 patients since its opening, 610 of whom were brought there by intemperance, 206 by religious excitement, 133 by domestic difficulties, and 1249 by ill health of a purely physical character.

—In the United States Circuit Court at Chicago, Judge Blodget has decided that a life insurance company is competent to restrict its liability in case of death brought on by the insanity of holders of its policies. This is in opposition to previous decisions on the subject.

—The Board of Health of Denver, Colorado, which is composed of physicians, have been urging the establishment of public urinals, and the licensing of prostitution, an example that cannot be too highly commended to other Health Boards.

—Mr. Hathorn, of Saratoga, attempted, the other day, in Congress, to have an import duty levied on foreign medicinal waters (which are now entered free). Fortunately, this selfish scheme failed.

—A writer in Hardwicke's *Science Gossip*, states that the toad, when bitten by a poisonous spider, eats, as an antidote, the leaves of the *plantago major*.

—No less than four bills, regulating the practice of dentistry, have been introduced in this session of the Illinois Legislature.

—An enterprising Oregon dentist advertises "teeth in exchange for wheat, pork or potatoes."

Personal.

—Dr. J. Solis-Cohen has removed to No. 1431 Walnut street, Philadelphia.

—Garibaldi, now in the Italian parliament, is taking an active part in urging sanitary reform.

—Dr. Fayrer has been elected Corresponding Member of the Academy of Natural Sciences of this city.

—It is stated that Dr. E. S. Dunster has resigned the Professorship of Obstetrics, in the Long Island College Hospital.

—Mr. Holloway, vendor of pills and ointments, has given a million dollars to establish a college for women, near Egham.

—Brandreth, of "Brandreth's Pills," pays a tax of one cent on each box of his pills. Last year the amount of this tax, for him, was \$35,000.

—M. Pajot, who has lectured on obstetrics at the Paris Faculty of Medicine for the last thirty years, lately announced his intention of resigning his chair and retiring into private life. But six hundred of his pupils, warmly seconded by Professor Wurtz, Dean of the Faculty, addressed a memorial to him, begging him to reconsider his determination; and M. Pajot, touched by these gratifying evidences of gratitude and sympathy, has consented to resume his course during the ensuing session.

—Dr. H. D. Cooke, of South Londonderry, Vt., died on Saturday evening, Feb. 6th, after a short and painful illness of diphtheria, aged 30 years.

—The *Toledo Blade* tells of the commitment to the Northwestern Insane Hospital of Dr. Eugene Yates, of Port Clinton, Ohio, who has recently been in attendance at a medical college in this city.

QUERIES AND REPLIES.

Nux Vomica as a Tonic.

Dr. A. P. B., of Texas.—"Why is nux vomica a tonic for all animals born with eyes open, and a poison to those coming into the world with eyes shut?"

(Is not this question like that said to have been proposed to the Academy by Louis XIV—"Why does a tub filled with water not overflow when a live fish is placed in it?")

Hygiene.

Subscriber, Ga.—On Hygiene you can consult Parke's *Hygiene*, \$6.00; Lethaby *On Food*, \$2.50; Halton, *Lectures on Sanitary Topics*, \$2.50; Caneron, *Manual of Hygiene*, \$5.00.

Dr. J. H. L., of Texas.—The best work on Psychological Medicine, of late, is Tuke's *Influence of the Mind on the Body*.

Anatomist.—The first conviction for stealing dead bodies for dissection, in England, took place Dec. 6, 1777, before Sir John Hawkins. The two defendants were sentenced to six months' imprisonment and a public whipping. See *The Polytechnic*, vol. II, p. 30 (London, 1894).

MARRIAGES.

BAKER-HAYS.—On the 18th ult., by the Rev. Henry Morton Reed, Rector of the Church of the Holy Comforter, Charles Baker, M.D., and Mrs. Lydia C. Hays, all of Philadelphia.

GOETFREY-TURNER.—By the Rev. J. Ingraham, Feb. 23, 1875, Dr. F. H. Goetfrey and Miss Mary A. Turner, both of Belle Flower, McLean Co., Ill.

MCCLURE-ROBERTSON.—January 27th, at the residence of the bride's parents, by the Rev. W. P. Breed, D.D., W. McClure, M.D., and Bessie E. Robertson.

MAURY-GARDETTE.—In this city, on Tuesday, February 2, 1875, by the Rev. William Rudder, D.D., James Robb Maury and Julia D., daughter of E. B. Gardette, M.D.

SINGLEY-BOWMAN.—In this city, on the 4th ult., by Friends' ceremony, Dr. W. L. Singley, of Salem, N. J., and Fannie Bowman, of Byberry, 23d Ward.

DEATHS.

CORRIGAN.—At Washington, Ark., Dec. 20, 1874, of diphtheria, John Corrigan, aged 3 years and 5 months, son of Dr. A. N. Corrigan.

COX.—In Cincinnati, O., Jan. 29th, 1875, of pneumonia, after a brief illness, Dr. James E. Cox, formerly Surgeon of the Second Kentucky Volunteer Infantry.

LOTZ.—In New Berlin, Pa., on January 18th, 1875, Dr. Joseph Lotz, in the 76th year of his age.

MARSELLA.—In this city, on the 7th ult., Isaac N. Marsella, M.D., in the 74th year of his age.

SHIELDS.—At New Albany, Indiana, on January 29th, in the 69th year of his age, Pleasant Scott Shields, M.D., son of Judge Shields, deceased.